

FIRST 5 COMMISSION OF SAN DIEGO

September 8, 2003
2:00 p.m. – 4:00 p.m.
County Administration Center
1600 Pacific Highway, Room 302-303
San Diego, CA 92101

AGENDA

| ITEM | SUBJECT | PRESENTER |
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| 1 | Call to Order | Chairman Cox |
| 2 | Opportunity for Public Comments Items not on the Agenda – Limit two minutes per speaker (<i>Request to Speak</i> slips for this item or any other item on the agenda must be submitted to Commission staff prior to meeting being called to order). | Chairman Cox |
| 3 Action | Approval of F5CSD Meeting Minutes – August 4, 2003 Supporting Document | Chairman Cox |
| 4 Action | Formation of the Consent Calendar | Executive Director Spiegel |
| 5 Action | Influenza Prevention Awareness Campaign Supporting Document Overview: On September 16, 2003, Chairman Cox will be recommending that the County Board of Supervisors approve \$50,000 for a public education campaign that will result in increased public awareness on the prevention of influenza through vaccinations that targets the 50 and over population. The campaign will take a “whole family” approach to the importance of influenza immunizations. The action before the Commission is to approve the expenditure of \$50,000 to include a component that focuses on infants 6 – 23 months in the County’s immunization public education campaign. Staff Recommendation: 1) Find that funding a public education influenza immunization campaign that targets infants 6 – 23 months is consistent with the Commission’s Strategic Plan, furthers the support and improvement of early childhood development with the County and provides a public benefit. 2) Authorize the Executive Director to approve the expenditure of \$50,000 to include a component that emphasizes the importance of influenza immunizations for infants 6 – 23 months in the County’s immunization public education campaign. Fiscal Impact: \$50,000 from the Contributions to Community Projects (Strategic Investments in the Community) allocation in the Commission’s Fiscal Year 2003 – 04 budget. | Executive Director Spiegel |

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| <p style="text-align: center;">6 Action</p> | <p>Contract Amendment for Americorps – Consensus Organizing Institute Supporting Document</p> <p>Overview: On March 10, 2003 (Item No. 8), the Commission approved a contract with the Consensus Organizing Institute (COI) to provide intensive technical assistance in community engagement in Escondido, Oceanside, City Heights, El Cajon and San Ysidro. Staff is now recommending that COI's contract be extended and augmented solely for the purpose of supporting the 2.25 FTE Americorps positions that have been allocated to San Diego by the State. COI will use five 450-hour (quarter-time) members to support First 5 initiated community organizing efforts in the communities in which COI is working. One 1700-hour member (full-time) will spend 25% of their time working in a COI community and 75% of their time working in the Commission's office.</p> <p>Staff Recommendation: Authorize the Executive Director to execute an amendment to the Consensus Organizing Institute contract to add \$24,412 for Americorps stipends and administration and extend the contract end date to October 31, 2004.</p> <p>Fiscal Impact: Up to \$24,412 from the Contributions to Community Projects (Strategic Investments in the Community) allocation in the Commission's Fiscal Year 2003 – 04 budget.</p> | <p style="text-align: center;">Executive Director Spiegel</p> |
| <p style="text-align: center;">7 Action</p> | <p>Contract Award – Health Needs and Assets Assessment Study Supporting Document</p> <p>Overview: On June 2, 2003 (Item 12), the Commission approved the Statement of Work and the expenditure of up to \$150,000 for a Request for Proposal (RFP) to identify an organization to conduct a planning study supporting the result that 'critical health issues that impact school readiness are identified and addressed'. The purpose of this study is to: (1) identify priority health issues related to school readiness for children 0-5; (2) develop research based recommendations for strategic initiatives; and (3) identify the most effective role for the First 5 Commission to make a difference in health for children 0-5 in 3-5 years.</p> <p>Staff Recommendation:</p> <ol style="list-style-type: none"> 1) Find that the proposed contract with the Center for Health Improvement is consistent with the Commission's Strategic Plan, furthers the support and improvement of early childhood development with the County and provides a public benefit. 2) Authorize the Executive Director to negotiate and execute a contract with the Center for Health Improvement for compensation up to \$150,000 to conduct a Health Needs and Assessment Planning Study for Children 0-5, and initiate Commission approved recommendations resulting from this study as appropriate. <p>Fiscal Impact: There is no fiscal impact to the Commission's Fiscal Year 2003 – 04 budget as funding for this study was carried over from the Fiscal Year 2002 – 03 budget.</p> | <p style="text-align: center;">Executive Director Spiegel</p> |
| <p style="text-align: center;">8 Action</p> | <p>Contract Award – Pre-literacy Planning Study Supporting Document</p> <p>Overview: On June 2, 2003 (Item 12), the Commission approved the Statement of Work and the expenditure of up to \$75,000 for a Request for Proposal (RFP) to identify an organization to conduct a pre-literacy planning study that supports the result that community resources for children and families are linked and coordinated. The purpose of the study is to develop a long-term plan for pre-literacy activities in San Diego County that emphasizes improved provision and coordination of pre-literacy</p> | <p style="text-align: center;">Executive Director Spiegel</p> |

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| | <p>services and recommend the most effective role for Prop 10 to make a difference in pre-literacy over the long term.</p> <p>Staff Recommendation:</p> <ol style="list-style-type: none"> 1) Find that the proposed contract with The Fromm Group is consistent with the Commission's Strategic Plan, furthers the support and improvement of early childhood development with the County and provides a public benefit. 2) Authorize the Executive Director to negotiate and execute a contract with The Fromm Group for compensation up to \$75,000 to conduct a Pre-literacy Planning Study, and initiate Commission approved recommendations resulting from this study as appropriate. <p>Fiscal Impact:</p> <p>There is no fiscal impact to the Commission's Fiscal Year 2003 – 04 budget as funding for this study was carried over from the Fiscal Year 2002 – 03 budget.</p> | |
| 9 Action | <p>Access to Health Care – Statement of Work Supporting Document</p> <p>Overview: On August 4, 2003 (Item No. 7), that Commission approved a \$6 million dollar initiative to improve access to health care for pre-natal through 5. The Commission directed staff to return with a draft Statement of Work for discussion and approval. Presented today for Commission discussion and approval is the draft Statement of Work for the Access to Health Care Request for Proposal.</p> <p>Staff Recommendation:</p> <ol style="list-style-type: none"> 1) Approve the Statement of Work. 2) Authorize the Executive Director to work with Purchasing and Contracting to issue a Request for Proposal for up to two years to increase access to healthcare for children prenatal to age 5. <p>Fiscal Impact: Up to \$6.0 million dollars over two years from the Contributions to Community Projects (Increase Access to Health Care and Treatment) allocation in the Commission's Fiscal Year 2003 – 04 budget (previously approved by the Commission).</p> | Executive Director Spiegel |
| 10 Action | <p>Commission Support of First 5 Association of California Policy Statements Supporting Document</p> <p>Overview: The First 5 Association of California forwarded two Policy Statements to local commissions asking for their support and approval of the policies by October 15, 2003. The first Policy Statement pertains to the allocation of Proposition 10 revenue and endorses the continuation of the current State Commission funding allocation process that promotes implementation of Proposition 10 activities in every county. The Policy opposes any proposal to amend the Children and Families Act funding allocation provisions that have the potential to reallocate funds for purposes not consistent with the Act.</p> <p>The second Policy Statement pertains to the Proposition 99 backfill provision included in the Proposition 10 legislation. This provision provided for Proposition 10 funds to backfill Proposition 99 revenue lost due to the passage of Proposition 10. Proposition 99 was a tobacco tax increase to fund tobacco education and breast cancer research. This Policy endorses the utilization of a consistent reliable tobacco tax revenue projection model in determining the Proposition 99 backfill.</p> <p>Copies of both Policy Statements are attached for Commission information.</p> | Executive Director Spiegel |

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| | <p>Staff Recommendation: Authorize the Executive Director to forward a letter to the Executive Director of the First 5 Association of California indicating the Commission's support of the Policy Statement Regarding Proposition 10 Revenue Allocations and the Policy Statement Regarding Annual Proposition 99 Backfill Determination by the State Board of Equalization (BOE).</p> <p>Fiscal Impact: None.</p> | |
| 11 Information | <p>State/Staff Report Supporting Document</p> <p>Overview: The First 5 Commission of California (FFCC) did not meet in August 2003 and the California Children and Families Association (CCFA) held its annual Staff Development Summit from August 20 – 22, 2003, in lieu of its regular monthly meeting. This report includes a summary of the highlights from the CCAFA Summit.</p> <p>This report also provides an update on the Capacity Building Through Intergenerational Approaches Request for Application.</p> | Executive Director Spiegel |
| 12 Information | <p>TPAC Report Supporting Document</p> <p>Overview: On June 23, 2003, the Technical and Professional Advisory Committee (TPAC) held its regular monthly meeting. A written summary of the meeting is attached for Commission information.</p> <p>Staff Recommendation: None. For information only.</p> <p>Fiscal Impact: None.</p> | Vice Chair Colling |
| 13 Information | <p>Commission Updates Supporting Document</p> <p>Overview: Attached for Commission information are a calendar of community engagement activities for September and October 2003, and an updated summary listing of relevant bills introduced into the 2002 and 2003 legislative sessions.</p> <p>Staff Recommendation: None. For information only.</p> <p>Fiscal Impact: None.</p> | Executive Director Spiegel |
| 13 | <p>Future Agenda Items</p> <ul style="list-style-type: none"> ➤ Topics for the October 13, 2003 Joint Commission/TPAC meeting ➤ Award of Capacity Building Through Intergenerational Approaches contracts ➤ School Readiness contract amendments | Chairman Cox |
| 14 | Adjournment | Chairman Cox |

In compliance with the Americans with Disabilities Act (ADA), First 5 Commission of San Diego (F5CSD) will provide accommodations to persons who require assistance in order to participate in F5CSD meetings. If you require assistance, please contact Amie Meegan at (619) 230-6460 in advance of the meeting.

NEXT COMMISSION MEETING
October 13, 2003
2:00 p.m. to 4:00 p.m.

**Girl Scout Facility – Florence Burnham Building
1231 Upas Street
San Diego, CA 92103**

Please note the location change for this meeting.

This will be a joint meeting with the Technical and Professional Advisory Committee (TPAC).

**Public Comment on specific Agenda items is taken
throughout the meeting at the conclusion of each Agenda item**

Visit the Commission's Website
www.first5sandiego.org

**FIRST 5 COMMISSION OF SAN DIEGO
HEALTHCARE ACCESS INITIATIVE
SCOPE OF WORK**

BACKGROUND

In San Diego County approximately 25,000 children under age six do not have health insurance. These children are at increased risk for delayed and missed care that could impact their school readiness. Even some common medical ailments in children, such as ear infections, can lead to more serious medical complications and permanent damage if left untreated.

The majority of these uninsured children should not lack coverage. Data from the 2001 California Health Interview Survey showed that 78% of California's uninsured children under six are eligible for Medi-Cal and Healthy Families. In San Diego county, an estimated 19,000 children under age six are eligible but not enrolled.

There are many reasons why some families don't enroll their children in health insurance. They might not be aware that their children are eligible, or they might fear that applying will jeopardize their immigration status. Additionally, the application system is complex. Within the same family some children can be eligible for Medi-Cal while others are eligible for Healthy Families, requiring navigation of two complex systems for enrollment. For some families, even very low monthly premiums can be a financial hardship.

Once children are enrolled, it is important that they retain their coverage to maintain an ongoing relationship with a provider (a medical home) and to support continuity and quality of care. Yet data show that a large percentage of uninsured children had coverage at some point in the previous year, but lost it. Gaps in coverage, like non-enrollment, can occur because of lack of information, system complexity, or financial hardship.

Enrolling and retaining eligible children in health insurance programs are important priorities. However, improved child health outcomes depend on appropriate utilization of health services. Factors that can impact whether children actually receive services include parental knowledge about the importance of health services, cultural attitudes and beliefs, accessibility of services, and competing demands for time and resources.

In addition, a healthy child begins with a healthy pregnancy. Uninsured pregnant women are more likely to have poor outcomes in pregnancy and delivery than insured women, including a greater likelihood of maternal complications, infant death and low birth weight. Comprehensive programs addressing health insurance for children must also focus on enrolling pregnant women in Medi-Cal or the Access for Infants and Mothers (AIM) program.

The First 5 Commission of San Diego has approved a comprehensive, multi-phased Healthcare Access Initiative to increase insurance enrollment, retention and appropriate utilization. This first phase of the Initiative targets children who are eligible for Medi-Cal and Healthy Families but not enrolled, and pregnant women eligible for Medi-Cal and AIM. The Commission will be soliciting proposals for regionally focused enrollment, retention, and utilization activities. A total

of up to \$6 million dollars over two years is available to support the Initiative countywide. Funding will be distributed proportionally to each of the County HHSA regions – North Coastal, North Inland, North Central, Central, East and South. One contract will be awarded for each region and applicants may apply for up to two regions.

SCOPE OF WORK

Applicants must propose regionally-customized activities to:

- Increase and sustain enrollment of eligible children from birth to age 5, and pregnant women in existing health plans (Medi-Cal, Healthy Families and AIM)
- Link enrollees to a medical home
- Support appropriate utilization of services, ensuring that children and pregnant women receive preventive health services and that families get the help they need to navigate the healthcare system.

A variety of methods or approaches may be proposed, including, for example:

- Building on existing resources to develop or expand and implement regionally-customized outreach activities to inform parents of children ages 0 to 5 and pregnant women about existing health insurance programs for which they are eligible
- Implement community-based public awareness efforts, reaching target populations with information on access to and eligibility for existing insurance programs and parents' and children's rights and responsibilities
- Strengthen or expand the use of community organizations (both formal and informal networks) to ensure outreach to diverse groups
- Offer a "one door" approach to families so older siblings can be enrolled at the same time
- Establish and implement systems for consistent enrollment of babies at birth
- Improve maintenance of enrollment through tracking, follow up, assistance with needed documentation, or other approaches
- Integrate outreach, information and enrollment activities with distribution and use of the Commission's Kit for New Parents

Additional Requirements

- The planning, implementation and evaluation processes must include meaningful input from the families and caretakers to be served.
- Plans must be regionally-customized and address rural areas where appropriate.
- Proposed activities must be comprehensive and provide culturally- and linguistically-appropriate approaches for the benefit of children and mothers from different backgrounds and with different abilities.
- Services must be provided in accordance with family needs and situations (work schedules, time of year, language, transportation, etc.)
- Proposed activities should support collaboration across disciplines and service delivery systems.

- Grantees must participate in evaluation activities including: working with the Commission's evaluation consultants; collaborative planning to develop a common set of local indicators; collection and input of data, including client level data, into designated databases; and reporting.

ELIGIBILITY REQUIREMENTS

The First 5 Commission recognizes that a single organization might not have capabilities in all areas of the Scope of Work. Partnerships among entities are encouraged to complement each organization's strengths. The applicant must demonstrate:

- Knowledge of and experience with the region's low income and diverse populations, and capability to provide culturally- and linguistically- appropriate and inclusive services for children and mothers from different backgrounds
- Commitment to promote a workforce reflective of the populations being served, with the necessary knowledge, skills and positive attitude to work with diverse populations including children and parents with disabilities and special needs
- Knowledge of Medi-Cal, Healthy Families, AIM and other insurance programs, and experience with helping families learn about, enroll in and use the programs
- Knowledge of and experience with key access points in the region (providers, facilities, schools, child care, etc.)
- Viable partnerships that can address the broad scope of needs of the targeted populations in the region to achieve the goals of the Initiative
- Capacity to submit Health-e-App applications
- Capability to participate in local and State Commission evaluations, including entering data into **the PEDS database, collaborating to develop and collect a common set of local indicators, and providing access to patients and families for evaluation purposes**
- Establishment of a "hardship fund" for families, with clear policies for fund administration
- Capability of clearly tracking funds for children prenatal to age 5 and pregnant women
- Ability to match or leverage resources to enroll older children in families
- Ability to bill for Medi-Cal Administrative Activities (MAA) is preferred. Funds received will be used to support and sustain Initiative activities.

FIRST 5 Association of California

POLICY STATEMENT REGARDING ANNUAL PROPOSITION 99 BACKFILL DETERMINATION BY STATE BOARD OF EQUALIZATION (BOE)

A. Background

1. Proposition 10, enacted by the voters in 1998, added an additional tax on cigarettes to fund early childhood development programs. This measure increased the tobacco taxes in the state beyond the level previously enacted by Proposition 99 in 1988 and by the legislature.
2. Anticipating that any additional tobacco tax increases would lead to a reduction of tobacco consumption and thus a reduction of revenue for anti-tobacco programs, Proposition 10 included a requirement that the State Board of Equalization annually determine an amount needed to backfill specific tobacco tax revenue accounts (tobacco education and breast cancer research). This annual determination is known as the "Proposition 99 Backfill."
3. In FY 2000/01, the Proposition 99 Backfill determination amount was approximately \$25.9 million. In 2002 it increased to approximately \$35.9 million. The BOE, ignoring staff recommendation based on recognized revenue-forecasting methodology, simply decided to grant the program additional funds without any factual basis. The consequence of this action was to reduce the amount received by the Proposition 10 Commissions by \$10 million, compared to prior years.
4. The California Children and Families Commission and several county commissions requested reconsideration of the determination. The BOE refused to consider the request, and revenues have been transferred from Proposition 10 to the other state accounts.

B. Policy Statement

1. The utilization of a consistent reliable tobacco tax revenue projection model is critical to both state and county commission funding programs. It is

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recommended that the Proposition 99 Backfill Determination be based upon the most recent update of the forecasting model utilized by BOE staff.

2. A backfill amount in excess of the forecasting model will have an immediate and significant negative impact on the funding of services for children by the state and county commissions, including but not limited to, children's health access, prenatal care, and specialty medical services.
3. The programs funded by both Proposition 99 and Proposition 10 revenues are critical to the health and vitality of the state. However, the annual determination of the backfill of lost revenues should not be utilized by one deserving party at the cost of the other.
4. The Association is requested to take all actions necessary to implement this Policy Statement.

Approved by the following County Commissions:

FIRST 5 Association of California

POLICY STATEMENT REGARDING PROPOSITION 10 REVENUE ALLOCATIONS

A. Background

1. Proposition 10 provides for the allocation of 20% of all revenues to the State Commission (now known as First 5 California) and 80% to County Commissions. The funding distribution formula for the allocation to counties is based upon their relative percentage of births in the state. While utilization of birth rates is an equitable method to develop a funding allocation formula, it does not provide adequate revenues for smaller population counties to implement Proposition 10.
2. First 5 California has generously augmented operational support for small counties since the beginning of Proposition 10 implementation. These augmentations have allowed small counties to make significant progress on the promise of Proposition 10 and have firmly established First 5 as a statewide effort to improve the health and development of all children ages 0 – 5. Without these augmentations, some counties will not be able to continue to implement Proposition 10, and most rural counties would have to end their community initiatives which are leveraging funding and changing systems. In addition, many counties would not be able to participate in School Readiness and other statewide initiatives.
3. In the current fiscal climate in California, many observers anticipate threats to Proposition 10 revenues that could affect all counties, regardless of size. The Children and Families Act of 1998, as enacted by public initiative, is intended to protect local commission discretion over how these revenues are spent, requiring that they be expended only for the purposes authorized by the Act and *in accordance with the county strategic plan approved by each county commission*.
4. Evidence of the Legislature's interest in Proposition 10 funds was indicated by the Joint Legislative Audit Committee action of August 26, 2003, in which a state audit was approved to examine the five county children and families commissions with the "largest surpluses." State and county First 5 commissions can expect increasing pressure for the use of commission revenues on priorities that may not be those established in the county commission strategic plans or the Children and Families Act.

B. Policy Statement

1. In order to safeguard the ability of the state and county commissions to achieve the purposes of the Children and Families Act, it is incumbent on the state and county commissions to ensure that every member of the Legislature understands the value of the services and systems funded through Proposition 10. It is further incumbent on county commissions to resist the use of these funds for purposes not consistent with their locally developed strategic plans.
2. The First 5 Association of California endorses the continuation of the current state commission funding allocation process that promotes implementation of Proposition 10 activities in every county in the state and opposes any proposal to amend the Children and Families Act funding allocation provisions, due to the potential to have Proposition 10 revenues reallocated for purposes not consistent with the Children and Families Act and county commission strategic plans.
3. The Association is requested to take all actions necessary to implement this policy Statement.

Approved by the following County Commissions: